

October 2017
The magazine for women.



**Check finds
good balance
with work and
family**

**Public health
nurses bring
foot care
services to
seniors**

**Terhaar is
where she is
supposed to be
at Bethany**

US THE FACETS

The magazine for women.

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When I think medicine I think of that stereotypical doctor's office. You know, the sterile white walls, the florescent lighting, the crinkly paper roll at the head of the exam table; and the syringe that has no business being by the sink because you came in for a routine check up, not a to get a shot!

As you read through this issue you will find that image will fade away. It will be replaced by real women who pursued a career in medicine so they could care for the public. These women spent years in medical school and taking all of those tough science classes so they could give people the best care they can. That knowledge will help you to form a new image of the doctor's office. That image includes a sincere smile and welcome and a genuine concern for your well being.

When I was thinking about a women in medicine topic all I had in mind were the people who work in a hospital. How silly was that? There are women pursuing many different careers that involve medicine. For example in this issue we have a story about women who bring the clinic to their patients, a story about a medical examiner investigator, and physical education teacher. Medicine is only one aspect of our overall health. We need different stages of health care for different stage of our lives. I am happy to share the stories of women who strive to provide the different stages of health care.

I can only speak for myself, but reading these stories gives me a sort of motivation to evaluate my overall health. For instance, we have a story about a podiatrist who enjoys her career and is able to balance work and family time. First off, I started questioning the type of shoes I wear and whether I should seriously consider investing in some new pairs. Secondly, she wants to make sure she balanced work and family. We all have many priorities in life and want to give each the proper amount of time. Being conscience of the balance could help lower the stress in other areas of my life.

I hope you too can find some motivation for your personal health care from the stories we are sharing this month.

On the cover: Podiatrist Kelly Check poses in an exam room at Story County Medical Center. Contributed photo

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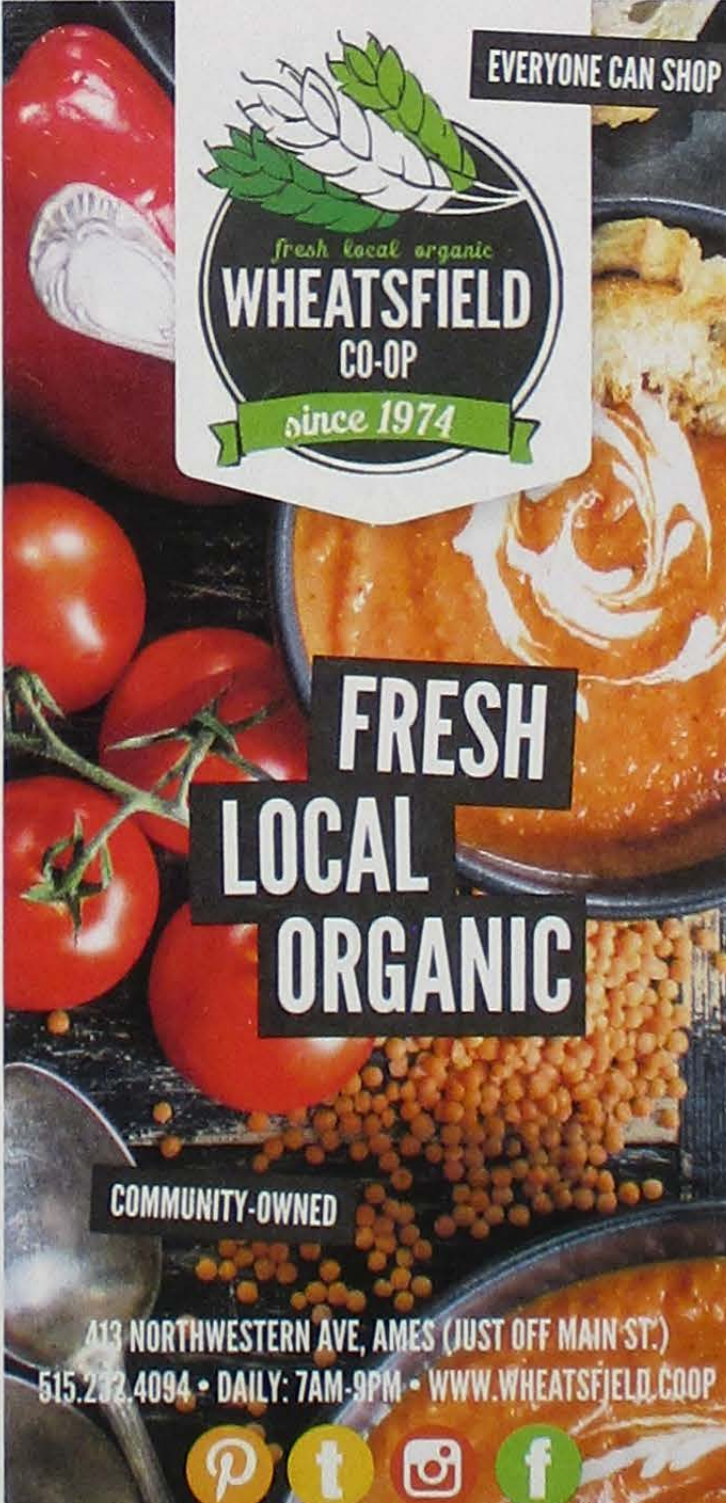
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women in medicine: Cindy White



BY MARLYS
BARKER
GateHouse
Iowa



Every day is different for Cindy White, Story County Medical Center's Director of Radiology, who is shown here getting a patient ready for a scan. PHOTO BY MARLYS BARKER/GATEHOUSE IOWA

Nevada woman has devoted most of her career years to Story Medical in Nevada

At 54 years of age, Cindy White of Nevada has spent more than half of her life working in health care at Nevada's local hospital.

White has worked at Story Medical in Nevada for 33 and a half years in the radiology department where she has been either a staff technologist or director. She is currently Story County Medical Center's director of radiology, a position that she said keeps her on her toes, as no two days are ever the same.

"Every day is different," White said. "Just when you think your day is headed one direction, it changes in an instant. I may be pulled in many different directions all at once, and though challenging, it is rewarding."

That variety is one of the things she loves most about working in a smaller hospital. "There's a lot to love about a small hospital. I think it is a good fit for me because I get to

wear many different hats. I may have office work to do and in a split second, I may be helping with CPR in the emergency room or get called to the operating room to assist a surgeon with imaging. I get to be involved with different committees and work with many different departments within the hospital."

Her basic responsibilities at Story Medical, White said, are to take X-rays of patients and perform CT scans, while upholding the rules and regulations set forth by the Iowa Department of Public Health. She is responsible for equipment operation and inspections, quality assurance testing and reporting, hiring staff, maintaining policies and procedures, and coordinating all departments within radiology, like MRI, ultrasound and nuclear medicine, to name a few.

"All of our equipment is digital, so I have had to learn all the new technology in imaging processing," she said. When

Cindy White: women in medicine

she started in the field, there were darkrooms where people in her position went to develop the medical images on film. "We have not had a darkroom since 2004," she said. That is when Story Medical started with computerized radiography, and sent White to Milwaukee to learn the new system.

The hospital now has digital radiology, which White simply calls DR. "The best thing about DR is that the radiation dose to our patients is at a fraction of what it used to be on film," she said.

She has also, along the way, gone to Irvine, Calif., to learn CT (cat) scanning. Her department not only performs scans, but also starts an IV if the test requires one.

White was born and raised in Oskaloosa and is a graduate of Oskaloosa Senior High School. She attended Indian Hills Community College, and she didn't dilly-dally about what she wanted to pursue. She entered right into the radiologic technology program.

"I had a friend in junior high whose mother and father were radiologic technologists. We spent time at one of her parent's employment (sites) in the radiology department, and I was always curious about how images were taken and processed. So, I decided that it was something I was interested in, and pursued it," White said.

Along with all the liberal arts classes, she had to take classes such as radiation biology, radiation physics, anatomy and physiology, among others. "We also had to have 2,080 hours of clinical time in order to graduate," she said.

Right after graduation, she took a job at Story County Medical Center — then Story County Hospital — as a staff radiologic technologist. "After working four years, I went to work as a medical claims examiner for the Principal Financial Group," she said. But her departure from the hospital didn't last long. "I was called and asked to return to Story Medical, and as I missed the patient contact, I returned and have been with the hospital ever since."

She hasn't regretted her decision. "Mostly, I enjoy the staff in the radiology department. We all work extremely well together and love what we do. It is very much like a family," White said.

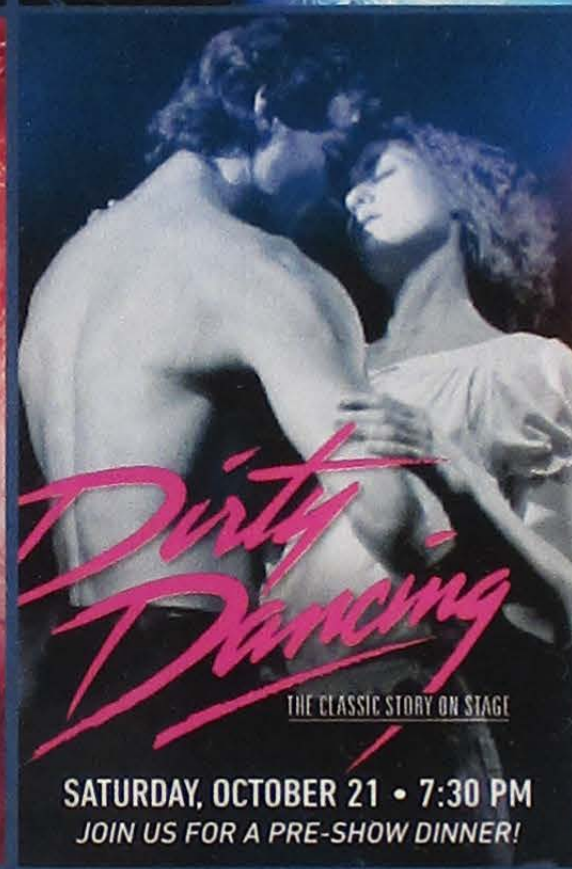
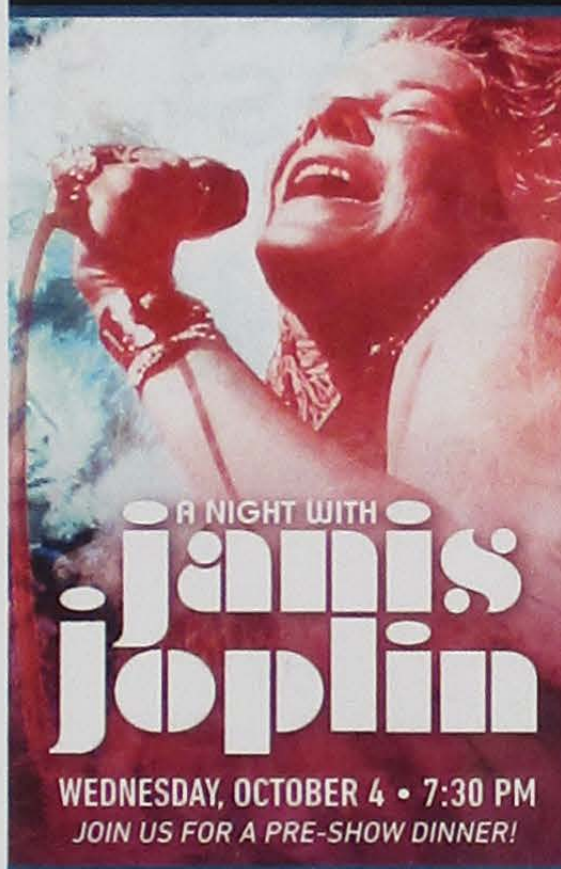
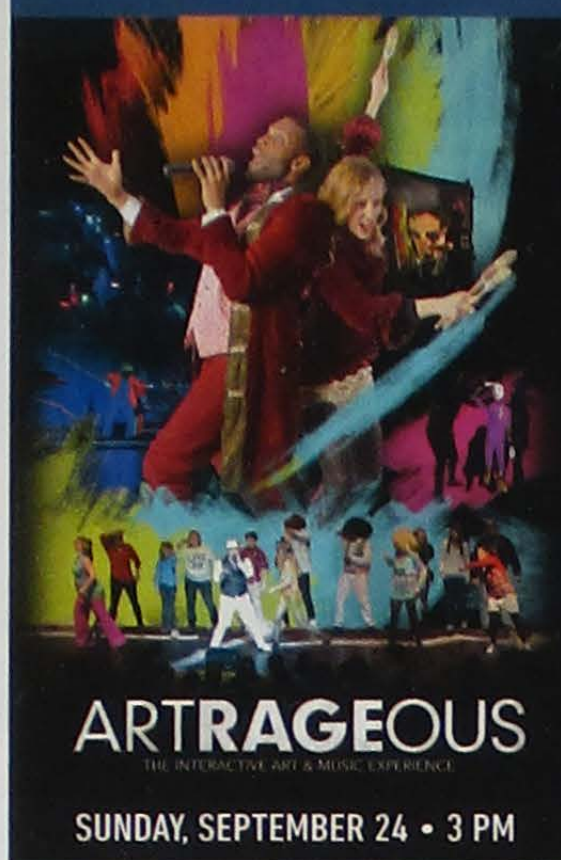
And like any job, there are challenges. "I would say the biggest challenge or challenges are the constant changes taking place. If it is a protocol change, equipment change, computer change ... it is always something." She finds, however, that keeping up with these ever-changing things is also one of the most rewarding parts of her job. "Of course, once it is mastered," she said.

White, and her husband, Dan, have raised two daughters in Nevada, and not surprisingly, they are both working in health care. "Our oldest daughter is Christina, who is married to Allen. Our youngest daughter is Kelli, who is engaged to Tyler. One is a nurse and the other a medical laboratory technologist."

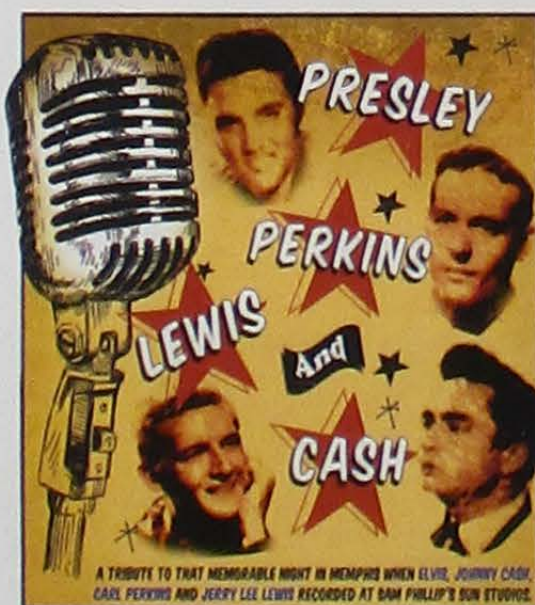
When she's not at work, White said she enjoys decorating, traveling and spending time with her family, and with her dogs.

For those interested in pursuing a career in radiology, White advises that there is a lot of technology involved, a lot of math and a lot of patient contact. "I would highly recommend job-shadowing before enrolling into a program, due to the fact that I had no idea of everything involved before I started. We have to see patients and their families at their worst, we help with CPR, we go into surgery ... so if seeing trauma or a lot of blood bothers you, this is not the field to enter." She also reminds people that hospitals never close. "So you will be expected to work long hours, weekends, holidays and in a small hospital, you may need to be on call."

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women in medicine:



BY DAN MIKA
GateHouse
Iowa

Soaking and saving lives: public health nurses bring foot care services to county seniors

It's 10 a.m. on a Thursday, and Sherry Zook, Becky Ziebell and Lucinda Hollingshead have already had their hands on plenty of feet.

The three nurses were working that day out of a small side room at Heartland Senior Services in Ames. Their tools are arranged out across a table, from pink plastic basins to pumice-lined files and nail clippers.

Together and with other nurses, they staff the roving Senior Health Clinics, providing sometimes life-saving foot care for seniors in locations scattered across Ames and other cities in Story County.

When a patient comes in, they soak their feet in soapy water for a few minutes. Afterwards, a nurse dries their feet, trims their toenails and massages a lotion onto the skin. Many also opt to have their blood pressure or sugar taken, and the nurses give advice on how to avoid conditions like hypertension and stroke.

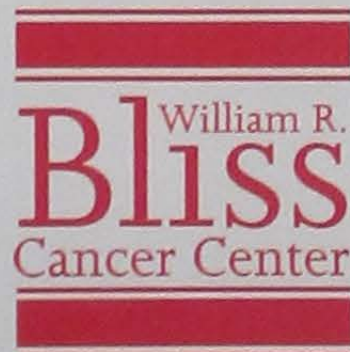
Zook said the process gives the nurses time to check for wounds or poor circulation in the feet and to give them some upkeep since many of the clinic's patients, which total anywhere between 200 and 250 every month, can't reach their feet.

The clinic's services keep those issues in check in between visits to the podiatrist, and before they become serious health risks.

"One time, one of our nurses found a piece of glass that was embedded in someone's foot, and one time we found a button," Zook said. "But we also find wounds,



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edema, swelling, poor circulation, if someone has congestive heart failure.”

Ziebell said some patients come in just to check their blood pressure, recalling one patient several years ago whose blood pressure was dangerously high and alerted her doctor to it.

“Every week, she would come back and have her blood pressure checked, and she would always say, ‘You saved my life. I was so close to having a stroke,’” she said.

But many seniors don’t come specifically to scope out for early warning signs. Karen Fieman, 70, took a seat and waited as a nurse removed her shoes.

“It feels good,” she said, as she put her feet into the basin. A glowing smile emerged on her face as her feet grew accustomed to the warm soak.

Marlon Ashland, 72, walked in shortly after. He has a disability from some injuries he sustained as a high school football player, and from a staph infection that hit his limbs. He’s been coming to the clinic before he turned 60.

“I can’t reach down there,” he said. “This service is just fantastic. And it’d be hard, very hard without it.”

Zook said the nurses helped him find a housekeeper to bathe him and make sure he’s okay in his home.

Together, Zook, Ziebell and Hollingshead have over a century of experience working as nurses both with the Senior Health Clinics and in hospitals elsewhere.

But their role forces them to wear more hats than only that of a health care professional. They make referrals to doctors, connect patients unable to get to their appointments with transportation and get them financial aid for food and health services if they need them.

In that way, the three nurses scrubbing away calluses are just as much social workers and financial advisors as they are nurses, and they believe there’s plenty of resources for the elderly here.

“We don’t have this service in Maricopa County in Arizona,” Zook said. “I feel there’s a lot of services here, and I feel if you’re going to retire, Story County is the place to do it.”

Although the word “clinic” conjures images of a sterile, incandescent room, the six patients have smiles plastered across their faces. They talk about the nip in the air coming as fall arrives, about their families and days gone by. They tell silly jokes. They occasionally delve into politics and religion.

“If they live alone, it’s a good place to come and be social and fill their needs,” Zook said. “It’s laughter, it’s good medicine.”

And while the clinic helps fill their client’s health, financial and social needs, Hollingshead said the specific services it provides satisfies the one basic thing every human wants and needs at times during their lives.

“It feels good to rub your feet,” she said as she put a client’s shoe back on. “It feels good to be taken care of.”



Nurses Becky Ziebell, center left, and Lucinda Hollingshead, right, work with patients during a Senior Health Clinic. The clinic travels around Story County providing foot care to seniors in between podiatrist visits. PHOTO BY DAN MIKA/GATEHOUSE IOWA



Public health nurse Sherry Zook works on a patient’s foot. Zook is one of multiple nurses that travel across Story County to provide foot care services to seniors. PHOTO BY DAN MIKA/GATEHOUSE IOWA

women in medicine: Heidi Grimm



BY DAN MIKA
GateHouse
Iowa



Nevada High School physical education teacher Heidi Grimm in a school gymnasium. Grimm has taught at the school for eight years. PHOTO BY DAN MIKA/GATEHOUSE IOWA

Heidi Grimm on getting kids moving today and for the future

For Heidi Grimm, gym class is one of the keys to fixing the U.S. health care system.

Grimm has taught physical education to juniors and seniors at Nevada High School for close to a decade, and she thinks getting a move on today will keep her students out of the doctor's office tomorrow.

Originally from Minnesota, Grimm studied elementary education and minored in physical education at Luther College. She lived in Dubuque with her husband for a few years until the couple moved to Nevada so he could start a new chiropractor's clinic.

Grimm was then hired as a volleyball coach in the district for a year, and later joined Nevada High to team physical education.

Grimm's classes at Nevada High always begin with the students talking about what's new in their lives and how they can overcome their own challenges.

After some light warm ups and a short game, the students get into their lessons, focusing on badminton, tennis, weightlifting and activities they can do at any point in their lives.

"We really don't do team sports," she said. "I focus more on lifetime activities they can do forever."

**"I focus more
on lifetime
activities they
can do forever."**

Heidi Grimm: women in medicine

Grimm's pre-class chats underly her philosophy that her job isn't just to make students sweat. She said building stronger relationships with students makes them more likely to take her lessons to heart and to keep them with as they go about their future.

"It's to help them buy into to being healthy forever," she said. "I want them to trust that this is a good idea to be healthy."

She believes her work gives students the skills to stay healthy throughout their lives and avoid expensive trips to the hospital later on from preventable conditions. That in turn puts less stress on the entire health care system.

According to the Centers for Disease Control, about 36 percent of U.S. adults are obese. Heart disease, cancer, stroke and diabetes are also among the top ten leading causes of death for Americans in 2016, all of which can be prevented or controlled with healthy habits.

Grimm said the country as a whole needs to move back towards health education and getting children active and work towards restoring budget cuts that have led gym classes and recess to the financial chopping block.

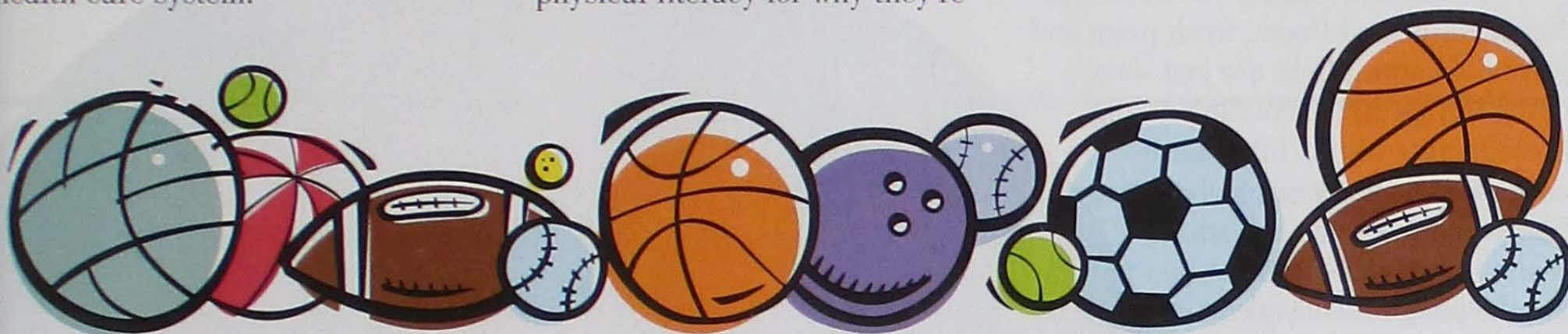
"It's not just cutting their activity for the day, it's stopping the kids from learning why and gaining the physical literacy for why they're

doing this," she said. "That could save us a lot more money on health care."

She said children are less active than in generations past partially due to the advent of technology that keeps them inside, but also because parents don't trust their children as much to go outside and play unsupervised for long hours.

But for her part, Grimm intends to keep kids moving and giving them the tools they need to stay fit far beyond the walls of Nevada High.

"Kids don't get it, and we need to make a shift in our society," she said. "But we're working, one school, one kid, one teacher at a time."



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BY MARLYS
BARKER
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Iowa

Colo-NESCO graduate is a perfect fit in her position at Zearing Health Care Center

When you step inside the Zearing Health Care Center, there's a warm and friendly family environment.

Newly refinished floors, fresh paint and plenty of natural light are just some of the things that make the nursing home facility in this little north-east Story County town feel like anyone's home. And what really brings it all together are the people who work there, one of whom tells us she knows, without a doubt, that she's right where she belongs.

"I love my job," said Bambi Cerka, of Nevada, who is a certified nursing assistant (CNA) and the activities director at Zearing Health Care Center.

"I love visiting with the people and hearing the many interesting things they have to say. I also love brightening their day even just a little bit and making a difference in their lives."

"Belinda over there, she loves to dance," Cerka points out as she walks around the facility. Carefully she lifts Belinda out of her wheelchair, supports her weight until she's on her feet and then they begin to dance and Belinda, who had been sitting quietly and expressionless earlier, smiles and giggles the entire time.

Cerka carefully helps Belinda back to her chair, and then visits for a few moments with two residents who are reading the newspaper, and then heads over to one of the younger residents, who is disabled, and gives him



Bambi Cerka, left, CNA and activities director at Zearing Health Care Center, knows what each resident loves, and Belinda Lawler loves to dance. PHOTO BY MARLYS BARKER/GATEHOUSE IOWA

Making someone smile is one of my biggest rewards. Knowing that I made someone happy and smile means the world to me. I know that I make a difference in the lives of the residents and staff at the Zearing Health Care Center.

— Christopher — a big hug. Because of his physical limitations, he can't totally reciprocate, but his face lights up as Cerka interacts with him and all those around them smile.

"In my current job I plan the activities for the residents, as well as implement them daily," Cerka said. "I ensure that needs and preferences are met through a variety of different individual, group and one-on-one activities. I also take care of many different social service issues and situations in the facility. I also help with some of the transportation for the residents of the facility, as well as filling in in the nursing department as a CNA when needed."

Working in health care was something the 1998 graduate of Colo-NESCO planned to do. But her initial plans were to go into physical therapy. That plan stemmed from the fact that Cerka, originally from McCallsburg with the maiden name Olson, is the survivor of a major car accident while she was in high school. "I suffered a traumatic brain injury in that accident," she said. She was in a closed head injury coma for a time and when she came out of it, "I had to relearn everything — walking, talking ... everything."

She entered Iowa State's pre-physical therapy program after high school, because she wanted to help people, like they helped her. After a semester in that major, she realized it wasn't the right fit, so she switched to education. "I did most of my schooling in early childhood education and graduated with a bachelor of liberal studies degree from Iowa State in 2004."

She worked in a preschool/day care setting for a couple years and then, in 2005, she took a CNA certification course and started working as a CNA at Bethany Manor in Story City.

In 2012, after the birth of her third child, she decided

to be a stay-at-home mom and run an in-home day care. She continued as a PRN (as needed nursing person) with Bethany Manor, working mostly on weekends.

She missed health care and missed full-time work. A full-time job as an associate presented itself in the Nevada Schools in fall of 2016, and Cerka was hired, but "the week before school started, I was offered the activity director/social services designee job at Zearing Health Care Center." She gave the school notice, because she knew where her heart was and what she really needed to be doing. The nursing home environment fits Cerka like a well-worn pair of jeans.

"I love helping people and feel that I am able to be compassionate due to many life experiences," she said. That's not to say that nursing homes don't come with their share of challenges.

"There are always little challenges in a nursing home. You take things day by day to ensure those little challenges don't become big challenges," she said. Cerka said the staff at Zearing Health Care Center is good at sticking together through everything. "We have a great team. We are a family. It's nice working somewhere where everyone knows everyone and cares about one another. We have each others' back. The residents and their families also become family. We are one big happy family."

Cerka feels there are many rewards when working in a nursing home. "Making someone smile is one of my biggest rewards," she said. "Knowing that I made someone happy and smile means the world to me. I know that I make a difference in the lives of the residents and staff at the Zearing Health Care Center. Seeing that I make someone smile and knowing that their lives are better by things that I have said or done, makes my life better as well."



BY RONNA
LAWLESS
GateHouse
Iowa

Despite economic woes, doctors are abundant in Cuba

In late February of 2014, I took off on an adventure. Traveling with a group of 12 other American women, I went to Havana, Cuba, as part of a people-to-people delegation with D.C.-based Witness for Peace. The focus of our 10-day excursion was to learn about the lives of Cuban women and how they are affected by the U.S. embargo.

Landing in Havana is a little bit like taking a time machine back to the late-1950s and early-60s, when the U.S. embargo made it hard for Cubans to buy things like new cars. Today's streets are bustling with antique cars in various states of condition, maintained with whatever parts Cubans can get their hands on — including parts to old Soviet tractors, according to one man I met there.

We kept a rigorous schedule of meeting with a variety of experts in fields like medicine, economics, literacy, gender issues, agriculture and journalism. We also met with many artists and enjoyed meeting Cuban people in

various industries and walks of life.

Staying in the Martin Luther King community center in the Marianao neighborhood of Havana, one day we walked to the local doctor's office to learn about how medicine is practiced on the island.

We met with Dr. Barbara Romero, and honestly, at first, I had trouble focusing on what she was saying. She spoke in Spanish, like most of the women we met, and was translated by our group's interpreter. But that wasn't what distracted me.

Romero was wearing jewelry. Lots of jewelry. Necklaces, earrings, bracelets, a fancy chain to hold her eyeglasses, a brooch, a watch, and — perhaps most noticeable — a cocktail ring on every one of her perfectly manicured fingers.

She was the most sparkly doctor I had ever seen.

CUBA, page 14

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Dr. Barbara Romero speaks to a delegation of American women. PHOTO BY RONNA LAWLESS/GATEHOUSE IOWA

women in medicine



Old cars cruise the streets on the route to Romero's clinic in Havana. PHOTO BY RONNA LAWLESS/GATEHOUSE IOWA

CUBA continued from page 12

I told myself to stop being superficial and listen to what she had to say, but it was all I could do not to be hypnotized by those jewels.

I looked around the room to try to break their spell on me. There were charts and posters about general health, like you would expect to find in any medical office.

And there was a framed photo of a young Raul Castro. The Castro brothers' images were ever present in the places we visited. Their likenesses, along with that of Che Guevara, were on myriad billboards and murals along the streets we traveled as well.

The lack of commercial advertising and billboards and the abundance of patriotic references to the Castros, Guevara and La Revolución added to the surreal feeling of the island.

I turned my attention back to Romero.

More women than men work in health care in Cuba. In 2009, 69 percent of health care workers there, including doctors, were women.

Romero talked to us about her life as a doctor. She told us about how she lived in the same building in which her clinic was located. She also had a home in another neighborhood where she would spend time with her family when she wasn't on duty, like on weekends

and holidays.

As a result of living at the clinic for many years, she genuinely knew the people of her community — knew their medical needs, bad habits, marital conditions, family problems. Like a cop on the beat who knows the characters of that community, Romero knew the subtleties of her neighborhood. She knew if a wife had been beaten by her husband. She knew if an alcoholic was off the wagon. She knew if a death in someone's family was resulting in depression. She often knew these things before a clinic appointment was even made.

Although Romero's abundance of jewelry and family home may have indicated that she was higher on the income bracket than the woman who served us cervezas at the neighborhood bar, the wealth paled by American standards.

Like her fellow physicians, however, Romero benefited from Cuba's free education policy. Not only is public education free for children in grade school and high school, university training at every level is also free of charge for Cubans. It's a matter of interest and aptitude, rather than ability to pay tuition, that determines who becomes a doctor there.

As a result, the island country has an abundance of doctors, and that is one of Cuba's most lucrative exports, according to an economist my group met with there.

A 2015 article in Forbes magazine supported the information that economist shared with us. "The Cuban government reportedly earns \$8 billion a year in revenues from professional services carried out by its doctors and nurses, with some 37,000 Cuban nationals currently working in 77 countries," Bill Frist wrote in the article "Cuba's Most Valuable Export: Its Healthcare Expertise."

The traveling doctors themselves, who work in countries like Brazil and Venezuela, collect a portion of the income and the Cuban government gets the rest. A deal with Brazil in 2013 was worth \$270 million a year to Cuba and involved sending 4,000 doctors to that South American country.

Along with bringing money to Cuba, the export of its doctors has been a powerful diplomatic tool, building good will and global standing for the otherwise isolated country.

Despite being a much smaller and poorer country than the United States, Cuba has some statistics that compete favorably with its powerful neighbor.

With a population of more than 11 million people, Cubans have a life expectancy of 77 for men and 81 for women, according to the World Health Organization. Those figures are right in line with stats in the United States, where we have a life expectancy of 77 and 82.

In Cuba, the infant mortality rate is 4.5; in the U.S., it's 5.8, according to the Central Intelligence Agency. It's a statistic that the lower the number is, the better, as it indicates the number of children per 1,000 who do not live to be a year old. This rate is often used as an indicator of the level of health in a country.

Cuba has a literacy rate of 99.8 percent according to the CIA, a statistic that swells the pride of the Cuban people. My group visited the national literacy museum in Havana, which boasted the story about Fidel Castro's priority to educate his people after the Cuban Revolution. At times, it was hard to know the truth from the propaganda, but when I got home, I found independent accounts that confirm the marked increase in literacy, even in rural areas of the island.

I was surprised when I returned home, that it was a challenge to find the adult literacy rate in the United States. It is not listed on websites, such as the CIA and UNESCO, that list the statistic for most other countries. According to the National Center for Education Statistics, in 1979, the rate of illiteracy in the U.S. was 0.6 percent.

Despite their country's isolation and poverty, Cubans have managed to make do with what they have. And although Romero and others I met there, long for the embargo to be lifted, they are prospering with their health and strong communities.

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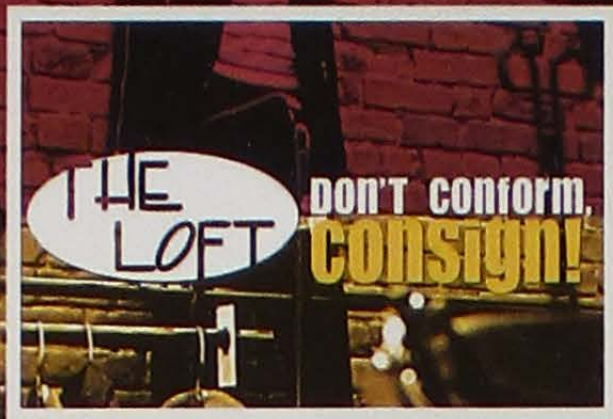
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BY RONNA
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Finding a good balance

There was a time in Kelly Check's life when she wasn't sure about the path her career should take.

"I always had a lot of interest in science," she said. "But I went back and forth between veterinary medicine and medicine for people. And once I decided not to take the veterinary route, I debated between family practice and a specialty."

It was during a job shadowing experience while she was in college in Terre Haute, Ind., that Check decided podiatry would be her specialty.

"I worked with a doctor who had a really well-rounded life with his practice," Check said. "He still had time for a family life, and I wanted to have that same kind of balance. What I saw in his experience has worked really well for me too."

Check has been a podiatrist on staff at Story County Medical Center in Nevada for nearly 15 years, and the location has a lot to do with her job satisfaction.

Her husband Arthur is a family practice physician, also at Story Medical. The couple met while they were in medical school at Des Moines University. They have three kids together: Dean, a sophomore at Nevada High School, Ella, age 12, and Tanner, 6.

"We live in Nevada, a mile and a half from work," Check said. "That is so hugely valuable to me — to work right here where we live, where we go to church, where our kids go to school."

Those things all have an impact on the quality



CHECK, page 20

Podiatrist Kelly Check poses in an exam room at Story County Medical Center. CONTRIBUTED PHOTO

Prevention

According to the American Podiatric Medical Association, a variety of steps can be taken to avoid heel pain and accompanying afflictions:

- Wear shoes that fit well — front, back and sides — and have shock-absorbent soles, rigid shanks and supportive heel counters.
- Wear the proper shoes for each activity.

- Do not wear shoes with excessive wear on heels or soles.
- Prepare properly before exercising. Warm up and do stretching exercises before and after running.
- Pace yourself when you participate in athletic activities.
- Don't underestimate your body's need for rest and good nutrition.
- If you're overweight, shedding some of those extra pounds may help alleviate foot pain.

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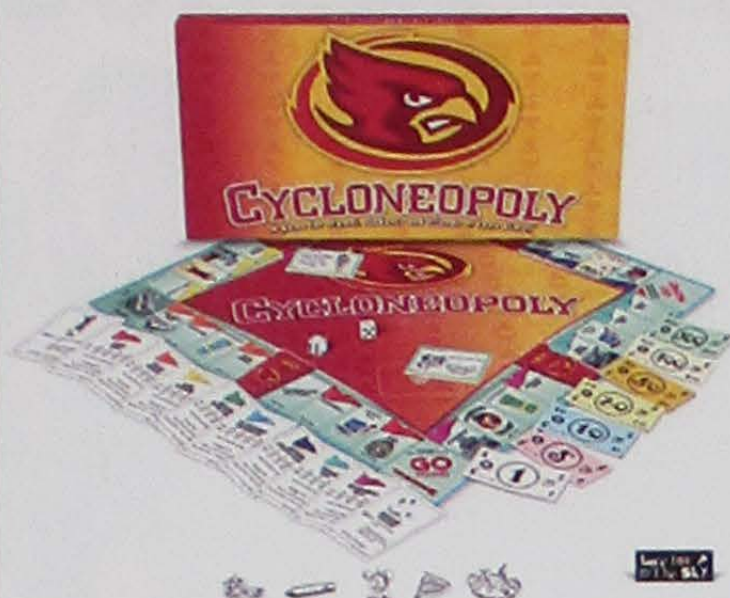


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women in medicine: Kelly Check



Arthur and Kelly Check are doctors in Nevada, where they live with their three children, left to right, Ella, Dean and Tanner, front. CONTRIBUTED PHOTO

CHECK continued from page 18

of a person's life, and subject of Check's medical specialty also has a significant impact on a person's life.

"When someone has trouble with their feet, even something relatively small can have a serious effect on their quality of life," Check said. "It's something that can impact very quickly."

Check recommends that if you have something that's bothering your feet or you notice something changing, get an appointment with a medical professional as soon as possible.

"Don't just wait for things to get better, because the fact is things tend to progress and then it takes more to get you back to usual," she said.

One of the foot problems Check sees a lot of is plantar fasciitis, a common cause of heel pain that involves inflammation of a thick band of tissue that runs across the bottom of your foot and connects your heel bone to your toes.

"Plantar fasciitis is so prevalent," Check said. "It's not discriminatory. It affects young and old, men and women, people active and sedentary. It's not likely to go away on its own and requires that you intervene in some way."

"People sometime think, 'I'll just wait a week and see how it goes,' but there are a host of non-surgical remedies to help treat plantar fasciitis. We try the easy things first and work through the process to find the underlying cause."

There are many factors that can contribute to the inflammation, Check said: Foot type, shoes, activity, overall health.

"Sometimes it takes a little work on the part of the

Common Procedures Done at Story Medical:

- Diabetic foot care
- Athletic injury treatment
- Reconstructive surgery
- Wound care
- Bunions/Hammer Toe correction
- Treatment of plantar fasciitis
- Achilles tendon repair

patient and they have a daily regimen of things to do for their treatment plan," she said.

Check also sees a lot of hammer toes and bunions. "Routine things," she said. "And I do quite a bit of wound care for diabetic and other vascular compromised patients."

A diabetic foot ulcer is an open sore or wound that occurs in approximately 15 percent of patients with diabetes and is commonly located on the bottom of the foot, according to the American Podiatric Medical Association. Of those who develop a foot ulcer, 6 percent will be hospitalized due to infection or other ulcer-related complication.

The APMA indicates that by the time they reach the age of 50, most Americans' feet have traversed 75,000 miles. Regular foot care can make sure your feet are up to the task. With proper detection, intervention and care, most foot and ankle problems can be lessened or prevented.

Terhaar at Bethany: 'Where I'm supposed to be'



BY RONNA
LAWLESS
GateHouse
Iowa

Amy Terhaar's career path has taken her in a variety of directions, but now that she's the nurse practitioner on staff at the Households of Bethany in Story City, she really feels like she's in the right place.

After receiving her bachelor's degree in psychology from Montana State University in 1991, Terhaar found herself in a successful job in marketing. But helping market products like Pepsi was not giving her a sense of fulfillment.

"Many of my female relatives are nurses," Terhaar said. "I looked at them and at their lives and I thought, 'I am ready for a change. I want to do something to serve other people.'"

And that's how Terhaar's foray into medicine began, first as a CNA, then as an RN. With a master's degree in kinesiology, and both a bachelor's degree and a master's degree in nursing, Terhaar flew headfirst into a new career.

She worked as an RN in the emergency room at Iowa Methodist Medical Center and in the ICCU at Mary Greeley Medical Center. Then she was a hospitalist at Mercy Medical Center, where she was assigned to patients from the time they checked in until the time they left, seeing each phase



TERHAAR, page 22



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women in medicine: Amy Terhaar



Nurse practitioner Amy Terhaar visits with Mary Dieter, as she cuddles with Cher, one of the resident dogs at the Households of Bethany in Story City. PHOTO BY RONNA LAWLESS/GATEHOUSE IOWA

TERHAAR continued from page 21

of their stay and learning about all of the hospital processes.

"I wanted to see both sides," Terhaar said. "Experience in the ER and the ICU made me a better nurse. It was fast paced and I learned to handle traumas. Then as a hospitalist I was interested to know the hospital process and got to know the patients."

In 2014, Terhaar joined McFarland Clinic in January of 2014, and her well-rounded experience and her strong interest in gerontology, she was the perfect fit for Bethany.

"There's a saying that the true test of a community is how they treat their elderly," Terhaar said. "And I believe that's true. That's one of the reasons I love it here at Bethany."

Bethany Life recently completed a \$17 million renovation that took its buildings from a traditional medical

model, with long hallways, to a household model, where residents are grouped together in households, which provide a home-like setting.

The Households of Bethany offers 10 homey feeling residences that have private bedrooms and bathrooms with showers for the residents, and shared common areas like dining rooms, kitchens, living rooms and patios to make each household a home.

"Keeping residents in their homes during appointments instead of in a clinical space makes them much more comfortable during their appointments with me," Terhaar said.

Rather than having residents come to her office, Terhaar makes "house calls" to the households and meets with them in their rooms.

"It gives me a chance to check them out from head to toe in a relaxed atmosphere," she said. "Being in their own environment makes it feel more like I've just stopped for a visit than a checkup."

Amy Terhaar: women in medicine

Terhaar is able to use the resident's surroundings to help monitor for signs of confusion. For example, she may ask someone about the photos on their wall. If they've always been able to name all their grandkids, but suddenly can't recall their names, Terhaar knows there may be a new medical issue.

Terhaar has two canine assistants that go on her calls with her most of the time. Sonny and Cher are poodle mixes, sibling rescue dogs who recently turned 6 and are a delight to many of the residents and their visitors.

Sonny and Cher — even their names are a bridge to the past. With three full dementia households at Bethany, any connection to the past is important.

"The dogs are like family," Terhaar said. "When the dogs are with me, the residents feel like my visit isn't so scary."

Terhaar also introduces Sonny and Cher to patients in the skilled care unit, where patients are usually transferred directly from the hospital as they continue their recovery and physical therapy.

"Within their first three minutes here at Bethany, I meet with patients in skilled care to welcome them," Terhaar said. "The dogs are part of that welcome. They help the patient and the family feel more comfortable. Many patients are happy to get a snuggle from Cher,

and it's a great way for us to say, 'We're so glad you're here.'"

"It's fun to work here, but it can be sad," Terhaar said. "I've lost about 50 residents since the first of the year. But it teaches you that every day counts. You can really see that in our residents. They try to make every day count."

Sometimes Terhaar will ask residents where they are in their journey. Those end-of-life questions can help her residents know that it's okay to talk about these things. And maybe there's something they want to do before the end of their lives: visit a park, have their grandchildren visit for dinner, visit their old church.

"Conversations like that can be a real relief for elderly people," Terhaar said. "This can be a hard job, but I'm spoiled because I work in such a caring environment where genuine connections are so important. We get attached to our residents — especially some of our young people really look at the residents they help as grandparent figures. They just love them. And the elders teach us what is really important in life."

"As a kid, I always loved being around elderly people," Terhaar said. Her career has taken her on a path that has led to the Households of Bethany. "And I feel like I'm where I'm supposed to be."

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Photo by Austin Cannon/GateHouse Iowa



BY AUSTIN
CANNON
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Iowa

Wheelock finds her calling in physical therapy

For Barb Wheelock, a career in physical therapy wasn't something she set upon early in life. It took an introduction, a re-introduction and a decision before she got into the field.

Wheelock, a physical therapist for Athletico who serves patients McFarland Clinic, helps people recover from muscle or skeletal issues and also specializes in women's health. She was first exposed to what would be her future field as a teenager. Her father had a heart attack and a stroke, which required substantial physical therapy.

But the lifelong resident didn't immediately go to college after high school, instead working and volunteering. Then she met another physical therapist and that again sparked her interest in the field. Soon, she had to decide between going into physical therapy or pursuing

work as a social worker.

She'd been working as a volunteer at the Assault Care Center (ACCESS) in Ames, a shelter and service that aides survivors of domestic and sexual assault.

"I really loved what I did at ACCESS, but it was very emotionally draining," Wheelock said in a recent interview. "And not that therapy can't be, but I just decided if I continued doing the type of work at ACCESS it would have to be on a volunteer basis, that I just couldn't do that (professionally)."

So she went to Iowa State University for her undergraduate degree before earning her physical therapy bonafides at the University of Iowa. She interviewed for jobs outside Iowa and the Midwest, but after driving back home during the Iowa fall, she knew she had to stay put in Ames.

Barb Wheelock: women in medicine

Wheelock has now been in the physical therapy game for 27 years. She doesn't like the paperwork that comes with the job, and she tried working in a management position for awhile, but it didn't take.

"As you go into management, your time spent with the patient decreases," she said. "I tried a management position for a while and I didn't like it. I wanted the personal contact."

For the most part, her job is the "conservative" step for a patient. After surgery, the doctor sends them to her to test out what they can do. If the treatment doesn't work, a lot of times the patient can go back to the doctor and then pursue another avenue. But sometimes they don't go back to the doctor, like when Wheelock is charged with treating something chronic, like debilitating back pain.

"That's probably the hardest piece, when you're working with a patient and you know you're kind of the end of the line for them," she said.

On the flip side, knowing she's making a difference in someone's life is the best part for Wheelock — like if her work is what's helping a patient keep the ability to live independently. Part of the job is instruction, supervision and observation, but another part is motivating the patient to get better.

"Some people come in and they're self-motivated and you almost have to kind of pull the reins in a little bit, but education is a huge piece of what we do," Wheelock said. "I just don't feel people can be invested in the process if they don't

know why we're doing what we're doing, what the benefit is to them."

One of the biggest things that's changed in her job over since 1990 is that some of her clients will now talk openly about their finances. For some of them, they have to quantify their sessions in dollars to see how much treatment they can afford. Co-pays certainly aren't cheap these days.

Speaking of costs, Wheelock hopes the Affordable Care Act stays in place. Without it, she said, people will begin to go without help if they don't have a job that provides insurance, which Wheelock thinks is ridiculous.

"I think having health care tied to our employment is a crazy concept," she said. "It makes people indentured servants to their jobs."

Since moving back into Ames about five years ago — she had lived just outside city limits — and after the 2016 election, Wheelock, who also enjoys gardening and running in her spare time, has decided to get more politically active. During the past session of the Legislature, she went down to Des Moines for several causes but didn't feel like she was being heard by lawmakers.

But now that she can vote for things in Ames, she's taken a more active role in the community. Working with groups like Inclusive Ames, campaigning for a school board candidate, and mayoral hopeful Victoria Szopinski.

"Being involved at the local level is really important and I feel like I can have more of an impact," she said.

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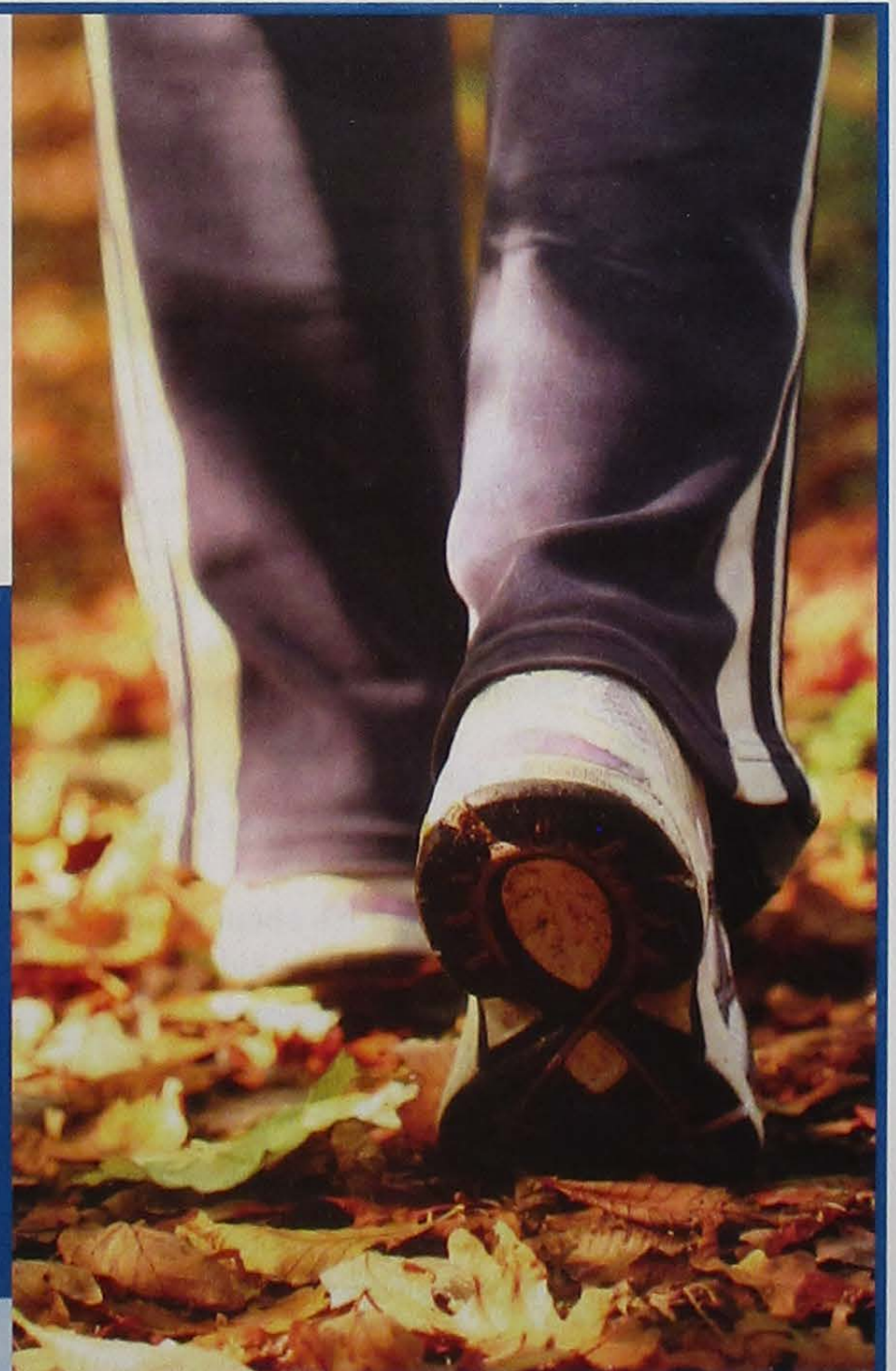
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BY GRAYSON
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Iowa

Father's influence leads to Fritz's path as medical examiner investigator

Amy Fritz knew that she wanted to enter the medical field from a young age, but it was the influence of her father — a former sheriff's deputy detective — that made her combine the two fields and become a medical examiner investigator for Story County.

"I just liked the combination of the two," Fritz said. "(Growing up with law enforcement) it helped to put in perspective the working relationship with law enforcement, paramedics, and everybody that's involved in one of those scenes. It's obviously not just one department; we all have to work together."

Fritz works full time as a histotechnician in the department of pathology at McFarland Clinic in Ames, and has been contracted as a medical examiner investigator in Story County for the last five years. She said that since Story County is not as large as other counties like Polk, it does not have full-time investigators, so her position essentially requires her to be on-call.

If an incident were to occur, Fritz said that it is basically her job to go to the site, get briefed by police or paramedics, investigate and decide whether an autopsy is needed. So far, Fritz said she has responded to around 100 crime scenes and testified in two homicide trials.

"Story County is not a huge crime county," Fritz said.

But she said that the non-crimes are the ones that have stuck with her the most.

"Some of the suicides, those kinda stick in your mind when they're with trains and those kind of things," Fritz said.

As far as the field is concerned, Fritz said that the male to female ratio is fairly even, if not a little higher for women.

"I feel like it's about equal, maybe even a little bit more on the female side," Fritz said. "As far as the Polk County investigators, I think they're like 90 percent female."

Though she said that the male to female ratio is a common misconception, by far the largest is the amount of time it takes to do the job.

"Things don't happen overnight like they do on TV," Fritz said. "A lot of what we've had lately is just a result of



the medical examiner's office being so backed up. Autopsies have been out a week to two weeks, and I think it's hard (for) families to understand why that goes on."

And dealing with those grieving families can often be the toughest part of the job, but Fritz said that she just tries to explain the situation the best way she can and make sure that there's open communication.

But despite those difficult parts, Fritz said that she wouldn't want to work anywhere else, and is just glad that she gets to combine two areas that she is so passionate about.

"I just love doing it. I don't know what it is, but I do," Fritz said. "I enjoy going to the scenes; I enjoy doing the investigations. I just love doing it."



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Women's wellness: breast-feeding and weight loss

Beyond providing nourishment and helping to protect your baby from getting sick, breast-feeding can also help you lose weight gained during pregnancy.

When you breast-feed, you use fat cells stored in your body during pregnancy — along with calories from your diet — to fuel your milk production and feed your baby. Weight loss during breast-feeding can occur even when you follow the recommendations to eat an additional 300 to 500 calories a day to keep up your energy and milk production.

However, after an immediate postpartum weight loss of about 15 pounds, weight loss tends to happen gradually — at about 1 to 2 pounds a month for the first six months after childbirth and more slowly after that point. It often takes six to nine months to lose weight gained during pregnancy.

During breast-feeding, focus on making healthy choices. Opt for a variety of whole grains as well as fruits and vegetables and stay hydrated. If you're trying to lose weight, limit calories from added sugars and saturated fats such as soft drinks, desserts, fried foods, cheese, whole milk and fatty meats. Moderate physical activity can help, too. If, after six months of breast-feeding, you want to lose more weight, you can more carefully restrict your calories as your baby begins to eat more solid foods while continuing breast-feeding.

■ Weight Loss After Pregnancy: Reclaiming Your Body

Weight loss after pregnancy takes time, but it's possible. Concentrate on eating a healthy diet and including physical activity in your daily routine.

If you're like most new moms,



When you breast-feed, you use fat cells stored in your body during pregnancy along with calories from your diet to fuel your milk production and feed your baby. Weight loss during breast-feeding can occur even when you follow the recommendations to eat an additional 300 to 500 calories a day to keep up your energy and milk production. PHOTO BY THINKSTOCK

you're eager to put away your maternity clothes and slip into your old jeans. Understand the smart way to approach weight loss after pregnancy and promote a lifetime of good health.

■ Consider Your Eating Habits

When you were pregnant, you might have adjusted your eating habits to support your baby's growth and development. After pregnancy, proper nutrition is still important — especially if you're breast-feeding. Making wise choices can promote healthy weight loss after pregnancy. Focus on fruits, vegetables, monounsaturated fats, and whole grains. Foods high in fiber — such as fruits, vegetables, nuts and whole grains — provide you with many important nutrients while helping you feel full longer.

- **Eat smaller portions.** Eating smaller portions is linked with weight loss and weight maintenance over time. Don't skip meals or limit the amount of fruits and vegetables in your diet, though — you'll miss vital nutrients.

- **Avoid temptation.** Surround yourself with healthy foods. If junk food poses too much temptation, keep it out of the house.

- **Don't try quick fixes.** There's no magic bullet for losing weight.

■ Include Physical Activity In Your Daily Routine

In the past, women were often told to wait at least six weeks after giving birth to begin exercising. Today, however, the waiting game is over.

If you exercised during pregnancy and had an

uncomplicated vaginal delivery, it's generally safe to begin light exercise within days of delivery — or as soon as you feel ready. If you had a C-section or a complicated birth, talk to your health care provider about when to start an exercise program. Generally, you might be able to start light exercises about 4 to 6 weeks after your delivery.

When your health care provider gives you the OK:

- **Get comfortable.** If you're breast-feeding, feed your baby right before you exercise to avoid discomfort caused by engorged breasts. Wear a supportive bra and comfortable clothing.

- **Start slowly.** Begin with simple exercises that strengthen major muscle groups, including your abdominal and back muscles. Gradually add exercises of moderate intensity, such as brisk walking or bike riding on a level surface.

- **Include your baby.** If you have trouble finding time to exercise, include your baby in your routine. Take your baby for a daily walk in a stroller or baby carrier. Lay your baby next to you while you stretch on the floor, or include your baby in strength training activities — such as lifting the baby above you while you lie on your back.

- **Don't go it alone.** Invite other moms to join you for a daily walk, or try a postpartum exercise class. Working out with others might help motivate you.

Remember to drink plenty of water before, during and after each workout. Stop exercising if you experience pain. This might be a sign that you're overdoing it.

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Monitoring sleep with fitness trackers

Dear Mayo Clinic: I wear a fitness device that tracks my sleep. It shows that most of my sleep is light sleep and that I rarely am in deep sleep. Is this kind of sleep tracker reliable? If so, is there a way I can get better sleep? I sleep about six or seven hours each night.

A: When it comes to identifying the difference between light sleep and deep sleep, research has shown that fitness trackers are not accurate. Rather than relying on your device to measure how well you sleep, consider basing your assessment of sleep quality on how you feel when you wake up. If you don't feel well-rested, and it's affecting your daily life, that might prompt a change in your habits or possibly a sleep evaluation.

Wearable fitness trackers and apps that claim to measure sleep have become quite popular. Typically, they display information about sleep and wake time. Some offer assessment of light sleep versus deep sleep, as well as how often you wake up during the night and how long you stay awake. The manufacturers don't share details about the technology these devices use to gather the information, but it appears that most rely on motion detection.

To evaluate the usefulness of wearable trackers and apps, more than 20 research studies have examined the accuracy and validity of the sleep information they generate. The results show that, when compared to polysomnography — considered by sleep medicine specialists to be the gold standard of sleep tests — the devices are largely inaccurate. Their accuracy particularly deteriorates for people who wake up often during the night.

In addition to being unreliable in distinguishing between different sleep stages, the sleep trackers and apps are inexact in their ability to measure the time it takes to fall asleep, overall sleep efficiency and total sleep time. The general problem is that, although the devices are fair to good at detecting when you're asleep, they are poor at determining when you are awake during the night.

A better way to tell if you're getting the sleep you need is to consider how you feel throughout the day. You mention that you usually get six or seven hours of sleep. Based on existing sleep research, the American Academy of Sleep Medicine recommends healthy adults consistently get at least seven hours of sleep a

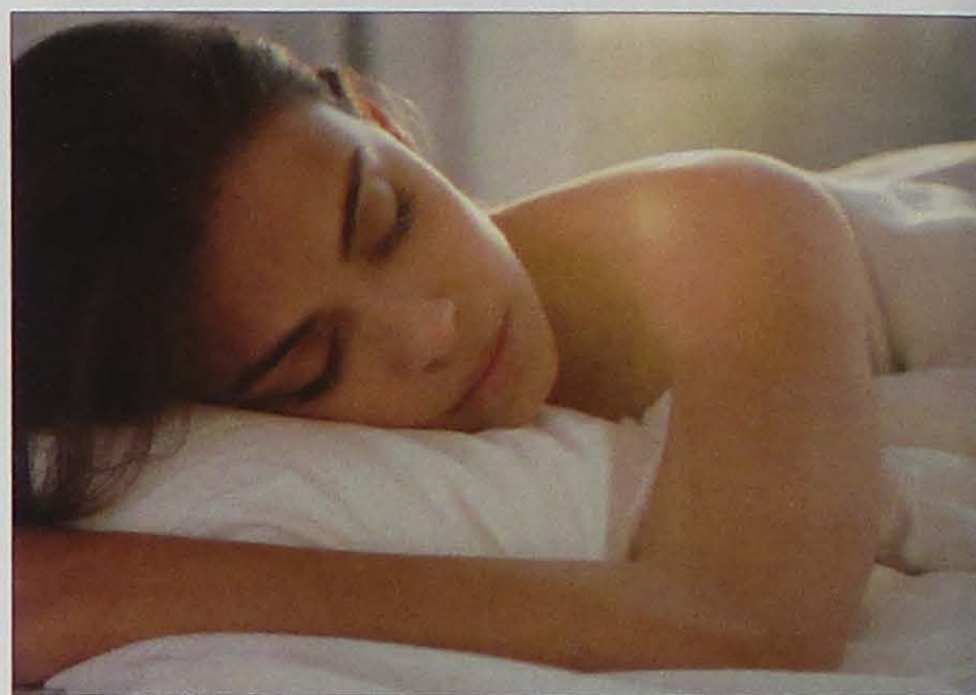


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night. If you wake in the morning feeling well-rested and able to function throughout the day, there's probably no need to be concerned.

If, however, you have any of these symptoms, consider seeking medical evaluation: significant difficulty falling asleep or staying asleep; frequent loud snoring; waking up with a gasping or choking sensation; breathing pauses in sleep; frequently waking up; waking in the morning after a full night's sleep not feeling refreshed or with a headache; or often feeling sleepy during the day.

Some changes can improve your sleep. Try to maintain a consistent sleep-wake schedule, and make sleep a priority. But don't spend more than about eight hours in bed per day. Avoid caffeine after noon, and limit it to one or two servings. Exercise during the day, but try to do so at least six hours before you go to bed.

Take time to wind down before bed, and establish a daily bedtime routine. Use the bedroom only for sleep and sex. Avoid excess alcohol use and heavy meals before bedtime. Remove electronics from your bedroom, and avoid looking at the clock. When you go to bed, wear comfortable clothing, and keep your surroundings dark, cool and quiet. If you can't fall asleep, get out of bed and do a boring activity until you become drowsy.

If you feel persistently sleepy, despite good sleep habits, or if you have other symptoms of sleep problems, make an appointment to see your health care provider. He or she can evaluate your situation and help you decide if a consultation with a sleep specialist may be useful.

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